



The Government Summit
Thought Leadership Series

Harnessing the Power of Public-Private Partnerships in Healthcare

Imperatives for GCC Governments



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Executive Summary

The Gulf Cooperation Council (GCC)¹ countries will face a significant challenge in managing future healthcare costs. Healthcare spending is accelerating, in part because of the rising incidence of chronic diseases. Thanks to systemic transformation, strategic planning, and population screening programs, governments understand that the current model, in which the state shoulders most of the direct financial burden and other social costs, is unsustainable over the long term. Governments need a different approach that invites the private sector to play a role as a means of taming costs, improving quality of service, and providing access to expertise.

The GCC should use the public–private partnership (PPP) mechanism, which has been successfully applied globally, to increase private-sector participation. Governments can shape PPPs depending upon the different capabilities and appetites for risk of the public and private partners. PPPs come in many varieties and they can be customized for each country's circumstances. Health systems in the GCC provide a range of opportunities for private-sector players, including care provision, financing, healthcare supplies, and health education.

GCC governments will need to remove institutional hurdles to the deployment of PPPs and create an enabling regulatory, operational, and financial environment. This requires the correct legal and institutional framework for PPP governance and oversight, followed by a structured process for identifying and executing a pipeline of PPP healthcare projects. The careful and rigorous introduction of PPPs into healthcare can provide citizens with three mutually supporting healthcare improvements: greater accessibility, higher quality care, and an affordable price for patients and governments.

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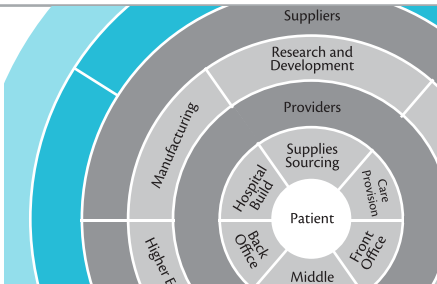
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Key Highlights

- GCC countries can use PPPs as a means of managing rising health-care costs, as a mechanism to enhance the capabilities of the healthcare system, and as part of a program of systemic transformation of the sector.
- PPPs need to be structured so that they are customized to the specific requirements of the particular GCC member state and its health-care system. Wholesale adoption of PPP models from abroad is inappropriate.
- Services that are the furthest from patient contact and with the greatest commercial value are well suited for PPPs. Those services with mostly social value, such as health education for the population, should be retained in the public sector.

Future Demands on GCC Healthcare

GCC healthcare systems have significant accomplishments, including widespread provision, rising professional standards and regulation, generous funding, and growing levels of investment. Among the most important advances have been population screening programs and long-range strategic planning efforts that are putting these countries at the forefront of the healthcare industry, along with impressively rapid system-wide transformation programs. These forward-looking initiatives will be most effective if the region can find a new way to pay for its future healthcare needs and build its health systems' capabilities. The current model, in which the state absorbs most of the cost, is unsustainable in terms of both financing and healthcare delivery.

As part of their national development programs, governments are currently engaged in major efforts to improve accessibility and quality of care. These healthcare changes and investments have the ambitious goal of putting the GCC on the top rung of the healthcare industry for care provision and quality. Central to the upgrading of healthcare in the region is the formulation of long-term strategic plans, an exercise that only governments can under-

take. For example, Saudi Arabia's Ministry of Health has developed a 10-year strategy that takes an integrated, comprehensive approach to care provision, a transformation that is instilling coherence into a previously fragmented system. Similarly, the Health Authority - Abu Dhabi (HAAD) has developed a 10-year master plan to identify future capacity gaps and provide recommendations for developers, investors, and healthcare providers. Qatar has developed its National Health Strategy 2011-2016 around a comprehensive program of reforms that are aligned with the Qatar National Vision 2030, the country's long-range national social and economic development program. The Dubai Health Authority (DHA) is implementing a 2011-2013 health sector strategy to establish a world-class integrated system that promotes the emirate as a destination for healthcare services.

Major expansions in care provision are occurring across the GCC. These state-funded investments will meet current and future demand for inpatient and outpatient services, will reinforce trust in local healthcare provision, and reduce outbound medical tourism. As part of its healthcare transformation program, Saudi Arabia is build-

ing healthcare services hubs, so-called medical cities, as well as hospitals and primary healthcare centers. In October 2012, Saudi Arabia inaugurated 420 health projects and laid the foundations for another 127 health facilities at a cost of SAR 12 billion (US\$3.2 billion). GCC countries have also begun to introduce mandatory health insurance to meet the growing cost of healthcare provision. A compulsory insurance scheme already operates in Abu Dhabi as of 2006 and there is mandatory private insurance in Saudi Arabia. Qatar began introducing a private health insurance plan in 2012, to be fully implemented by 2014.

Despite these increased resources and insurance schemes, GCC healthcare systems are still struggling with capacity gaps and inconsistent quality of care. There is a shortage of healthcare professionals and limited availability of competent specialized services. For example, the quality of so-called quaternary services, the most specialized level of care, is diminished because of suboptimal distribution. There are sometimes too many hospitals in a small area offering quaternary services, which prevents each of them from accumulating the necessary volume of cases that would build its competency and quality of care. For example, Abu Dhabi has more than three cardiac surgery centers, even though the volume of adult cardiac surgery cases is only 500 to 700 per year, requiring just one competent program.

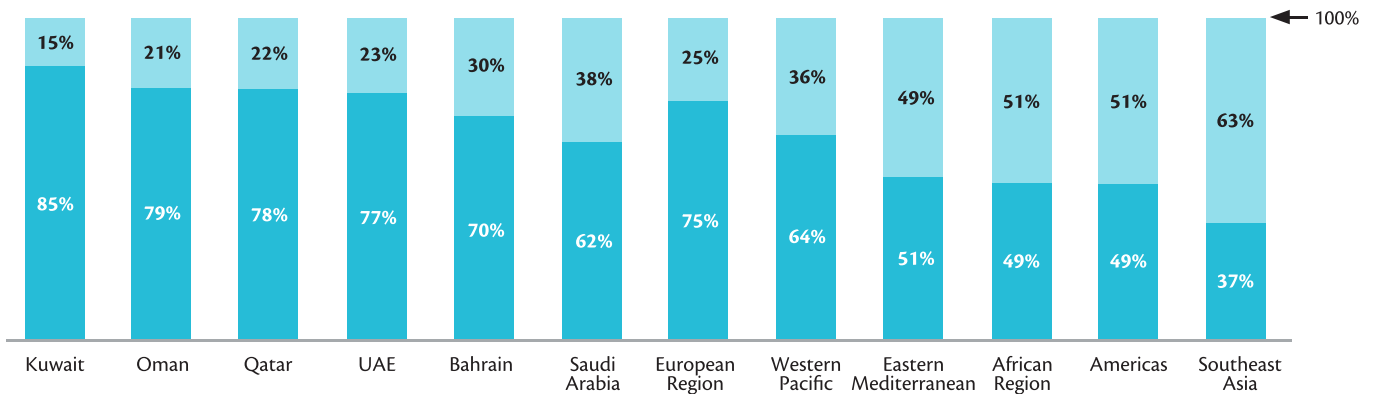
Overall quality of care is also lower than it should be. There are few centers of excellence in the GCC that are on par with leading international providers. By contrast, developed countries on average have higher quality health services and there is limited differentiation among providers. Finally, increasing healthcare spending cannot cope with the region's elevated rate of non-communicable diseases. The GCC's incidence of cardiovascular disease, diabetes, cancer, and mental and respiratory ailments are among the highest in the world. Of the world's 10 worst countries for diabetes, five are in the GCC (Oman is the exception)² This chronic disease profile is already consuming considerable resources, a pattern that will worsen over time.

These ongoing healthcare challenges, and in particular the aging of the current young generation, will force governments to spend more on healthcare services. Expenditure is currently below international benchmarks when compared with developed countries on a per capita basis. However, this will change and the fiscal burden on governments will increase. The state in the GCC already foots a very high proportion of healthcare costs by global standards (see Exhibit 1). Increased expenditure will further strain public budgets, rendering the public-dominated model unsustainable. Some governments are already taking a more stringent approach, with federal ministries in the United Arab Emirates (UAE) practicing aggregate fiscal discipline and zero-based budgeting.

Exhibit 1

GCC Governments Pay More of Healthcare Costs than Most Countries

Healthcare Spending 2010, Percentage of Public Versus Private



Source: World Health Organization, Global Health Observatory Data Repository; Booz & Company analysis

Private
Public

“The public sector is competing with the private sector for scarce resources such as talent.”

Governments will logically seek more private-sector participation, but this must be introduced in a manner that uses regulation to prevent private players from cherry-picking profitable patients and services. Without proper regulation, private companies will also compete with each other and the government for manpower in a market with a limited supply of skilled labor, thereby escalating costs.

The result would be lower quality of care and excess capacity. As the CEO of a private hospital group in the GCC told us, “The public sector is competing with the private sector (rather than cooperating with it) for scarce resources such as talent.” To avoid such difficulties, governments can take a regulated, multidimensional, multi-stakeholder approach that will ensure the private sector brings complementary capabilities to the table.

Given the complexity of the GCC’s healthcare challenge, and how it differs among the six countries, it is important to recognize that there is no silver bullet. Instead, the careful and targeted use of partnerships between public and private stakeholders can begin to address the core issues of accessibility, quality, and affordability.

Opposites Attract: Public-Private Partnerships

The most effective method for combining the complementary capabilities of public- and private-sector players is public-private partnerships (PPP). Both sides bring different strengths to the table, strengths that can drive positive change in healthcare systems. Governments can forecast and identify healthcare gaps from the perspectives of accessibility and quality. This stems from their unique positions as the licensors of the health sector, and because of their knowledge of health needs derived from strategic planning. More important, governments have the power to regulate the market, introduce incentives, and sometimes simply enforce reform.

From its side, the private sector can improve the efficiency and effectiveness of health operations by leveraging its expertise in such fields as clinical, administrative, or support services. Moreover, the private sector can call on financial resources to inject capital into profitable opportunities, and mobilize entrepreneurship to spur innovation. As the CEO of a GCC medical supplies company told us, “A PPP is a win-win situation for both parties involved.”

Numerous roles are available for private-sector players in the healthcare space. They can act as providers of care, payors for care, suppliers of products, or they can operate academic institutions. Private-sector participants can be international players or locally based firms. They can be independently owned; or they can be tied to private equity funds or investment companies.

The nature of collaboration between private players and the public sector can range from service delivery to full ownership of healthcare assets (see Exhibit 2). Private companies can manage existing services or build new infrastructure; they can simply run facilities, or can own them outright for decades during which the state leases or buys them; governments can retain the underlying risk or can structure the PPP to transfer that risk to the private company. Another option is full or partial privatization of the numerous healthcare facilities owned by GCC governments.



“A PPP is a win-win situation for both parties involved.”



Exhibit 2

Ownership and Risk Distribution Determine the PPP Structure

Select Examples of Healthcare PPP Models

Role Privatized		Management Contact	Turnkey	Lease	Concession/Build Operate Transfer	Private Finance Initiative
1 Design	Private sector designs the public infrastructure asset	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Finance	Private sector invests funds for construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3 Build	Private sector is responsible for building the asset	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4 Manage	Private sector provides oversight/strategic direction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Operate	Private sector operates the asset to deliver the service	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6 Transfer	Private sector transfers the asset to the public sector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Description		Private sector manages the public asset without assuming operational risks	Private contractor selected through a bidding process to design and build asset for a fixed fee	Private sector operates infrastructure, receives revenues from the public sector through a lease fee	Private sector builds, operates, and owns the asset; eventually transfers it to the public sector	Private sector assumes all risk (including financial) for the asset until its eventual transfer to the public sector

Extent of Private-Sector Participation

Source: Booz & Company



Valencia's Alzira Model of Healthcare PPPs

An innovative healthcare PPP is the Alzira model used in the Spanish region of Valencia. The regional government sought to control spiraling healthcare costs by awarding a private company a contract to build and operate an integrated health zone. The public sector funds, regulates, and monitors the health services inside the zone. The private sector builds, owns, and operates the facilities. The government pays an annual fee to the private provider and ultimately assumes ownership of the assets after a 20-year concession.

The Alzira model's strengths are a clear objective specified up front, well defined roles and responsibilities, commensurate sharing of risk and reward, and continuous performance management.

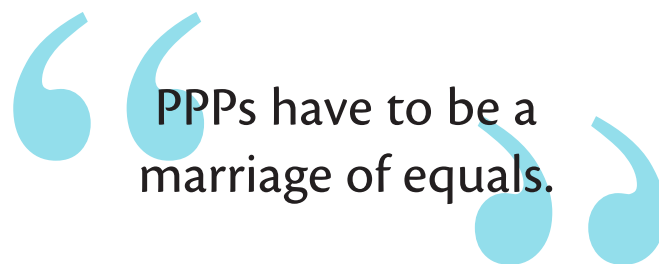
- **Objective:** the private sector will manage costs better than the public sector.
- **Roles and responsibilities:** the government grants the private company access to a captive population through a long-term concession, reimburses the private provider for care provision. The private partner provides services in line with the government's cost objectives and its clinical performance criteria.

- **Risk and reward sharing:** The government transfers the cost risk by making the private sector responsible for all costs. However, the government ensures a volume of demand for the private partner through a concession. This takes the form of a monopoly over care provision to a geographically defined population.

- **Continuous performance management:** The PPP has defined key performance indicators (KPIs) of financial and clinical success.

One Alzira example is the Manises integrated health zone around Valencia. Managed by Sanitas, a subsidiary of the U.K. health insurer Bupa, Manises provides acute and primary care to roughly 150,000 people in over a dozen municipalities. The charge is €600 (\$785) per capita, 25 percent less than the cost of providing care in the region directly from the Sistema Nacional de Salud (SNS, the state-run health system). Patients do not pay at the point of delivery. The SNS bears the cost of care. Patients can also choose their healthcare provider, although they must pay to switch. This places the onus on Sanitas to perform.

The result is that Manises has successfully introduced Sanitas' private management principles into the delivery of public care through health information technology and standardized care pathways.



PPPs have to be a marriage of equals.

On the lighter end of the spectrum in terms of what PPPs encompass are management contracts. For example, the DHA has outsourced the management of the Rashid Hospital Trauma Center to InterHealth Canada. The DHA remains responsible for capital and operating costs associated with running the facility. Typical management arrangements involve the private partner receiving a fixed annual fee in return for running the facility through key leadership staff and establishing its model of care.

At the other end of the spectrum, the private partner takes on the financing, building, operating, and ownership of the facility, gradually selling it to the government over the long term. This PPP model allows the government to avoid the large up-front capital costs involved in healthcare investment. The best-known example is the U.K.'s private finance initiative (PFI), which has signed more than 100 PPP agreements for the National Health Service (NHS) since the early 1990s worth over £11 billion (\$18 billion)—an approach that has been controversial in some cases because of concerns over value for money and long-term fiscal liabilities.

The arguments over PFI in the U.K., and the restructuring of the scheme in December 2012, serve as a cautionary tale for GCC governments seeking to elaborate models for healthcare PPPs. What the GCC should not do is copy approaches wholesale such as the Alzira model (see “Valencia’s Alzira Model of Healthcare PPPs,” page 7), no matter how successful it has been. Instead, GCC governments should take an approach that customizes PPPs according to their particular economic circumstances.³ Governments should be careful to ensure that their interests are protected. As the director of a GCC government institution told us, “PPP’s have to be a marriage of equals.”

GCC governments should also consider the privatization of public healthcare facilities, such as hospitals. This transfers the entire asset, and all of the associated responsibilities, to the private sector thereby increasing private sector participation in healthcare provision.

A particular concern for the healthcare sector is value for money. In terms of healthcare PPPs, value for money relates to a quantitative measure that compares the net present value cost of a PPP to the best and most realistic public-sector alternative, the so-called public-sector comparator. PPPs should always strive to deliver better value for money than if the public sector were to undertake the venture alone. Value for money therefore ensures accountability. It provides reassurance to the public payor, in this case the government, that its money is being spent wisely, and allows patients to know that they are being treated fairly and consistently.⁴ A healthcare PPP should clearly indicate that value for money is an objective from the beginning and define KPIs that will measure value for money during the lifetime of the project.

Where to Play: Opportunities for the Private Sector

Determining what activities can and should be opened to the private sector involves examining market dynamics. A healthcare sector model indicates that the public sector is responsible for regulation, licensing, and monitoring. The private sector can provide services with commercial value such as cardiac surgeries and medical equipment manufacturing (see Exhibit 3). Another consideration is the relationship to the patient. The further the service is from the point of delivery, and the greater its commercial value, the more appropriate it becomes for a PPP. By contrast,

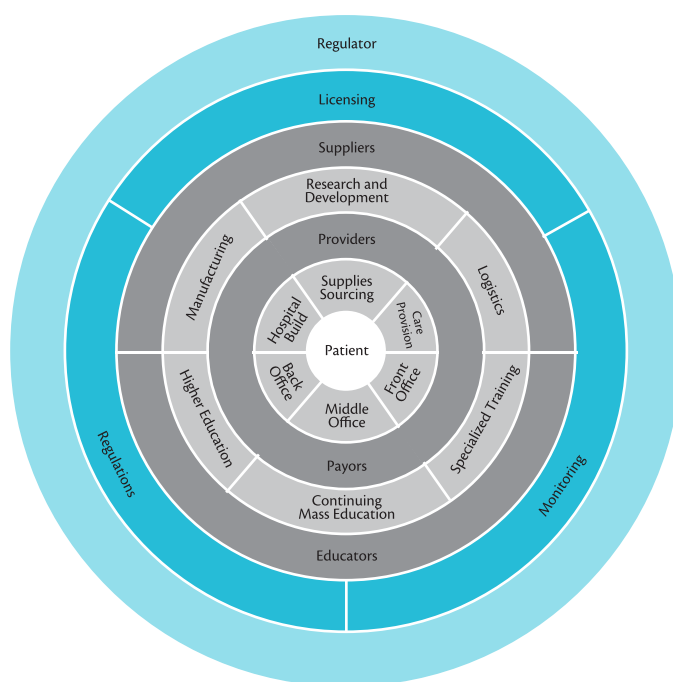
services that have largely social value are best kept in the public sector. For example, as the main policy setters, governments should provide preventive care and basic health education (see Exhibit 4).

In terms of healthcare subsectors, opportunities lie in provision, payment, supplies, and education spaces in individual GCC countries rather than across the whole GCC (see Exhibit 5).

Exhibit 3

The Government is the Sole Regulator and Licensor; Other Services Can Be Open to the Private Sector

Booz & Company Healthcare Sector Model



Source: Booz & Company

■ Potentially within Private-sector Scope
■ Out of Private-Sector Scope

Exhibit 4

Public Sector Focuses on Social Value, Private Sector Provides Commercial Services

Examples Of Public/Private Division of Services

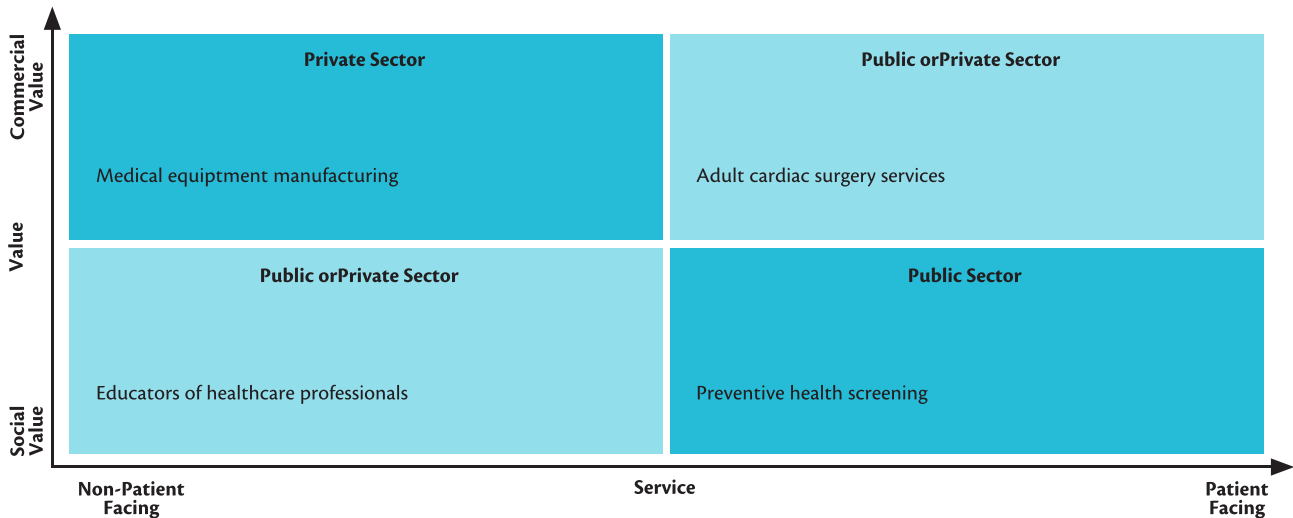


Exhibit 5

Opportunities Exist in GCC Countries Across Four Major Areas

PPP Potential In GCC Healthcare

Providers	Payors	Suppliers	Educators
Rural care systems	Case/disease management	General pharmaceutical/vaccine manufacturing	Higher education of health professionals
Patient transportation systems/emergency medical services	Third-party administration	Diagnostic services (e.g., laboratory/radiology)	Continuous medical education

Source: Booz & Company

Providers

Healthcare providers have an opportunity to develop robust rural care systems. Some governments regard improved rural healthcare as a strategic priority given the growing young population in the countryside and issues of social inclusion. There are also openings to provide robust patient transportation systems or emergency medical services to support the aim of having integrated systems. The private sector can improve the efficiency and effectiveness of existing services in terms of safety and equipment. Although some countries already have these assets, such as the Saudi Red Crescent Authority, these

public or charitable providers' capabilities are not always strong across the whole value chain (which encompasses call reception, dispatching, transportation of the patient, and administration of care).

Other provision opportunities exist in areas demanding considerable capital investment. These include more specialized care facilities and centers of excellence, which will address the regional shortage. Similarly, given the GCC-wide push for more knowledge-based economic activities, there might be occasion for PPPs in healthcare research and development and the development of electronic healthcare platforms.

Payors

Private companies looking at payor opportunities will require a minimum volume for the projects to be clinically and financially viable. As the vice president of a healthcare private equity firm in the GCC told us, “Any opportunity needs a certain volume to ensure financial and clinical feasibility.” Providing such guaranteed amounts of demand for healthcare services to private firms is also in the government’s interest. One of the factors impeding the development of quality care is the haphazard nature of coverage, which prevents existing facilities from developing their skills.

An important payor opportunity stems from the introduction of mandatory health insurance schemes. These programs will need private companies that can offer services for front, middle, and back office functions. In the front office, the private sector can supply actuarial services, design benefit packages, and determine premium and reimbursement rates. In the middle office, opportunities exist for providing disease management services to the public payor. For example, the HAAD is seeking private partners to set up and run the disease management aspect of the Weqaya (“Protection”) cardiovascular screening program. As one of HAAD’s goals is to drive innovation, the authority plans to reimburse the private providers on a “pay for performance” basis that links revenues to KPIs. Finally, private firms can sell the public sector such back-office administrative services as claims management, processing, and adjudication. Daman in the UAE provides third-party administrative services to the Abu Dhabi government’s health insurance scheme.

Suppliers

The private sector’s expertise allows for the supply of reliable and low-cost healthcare necessities to the public sector. For example, Saudi Arabia imports most pharmaceuticals and vaccines. This is costly, limits the development of local capabilities, and puts the country at the mercy of global supply patterns in the event of an emergency such as an epidemic. The private sector can manufacture generic pharmaceuticals and vaccines locally, partnering with its public-sector client to identify the areas of highest need.

Another opportunity is carving out diagnostic services for GCC healthcare systems. This would allow the private sector to leverage its capabilities to reduce test turnaround times, such as the provision of centralized laboratory and radiology services to hospitals. Private suppliers can also improve services in medical procurement and facilities management.

Educators

Educators have an important role to play as the GCC needs a large number of healthcare professionals. GCC countries have to meet the demand for provision of care and have more nationals enter healthcare as part of their national education and skills goals. There are shortages of doctors as well as nurses and allied staff, such as technicians. The lack of such support staff means that doctors are distracted from clinical work and forced to spend time on administrative tasks. One existing PPP venture is the Weill Cornell Medical College in Qatar set up by Cornell University and the Qatar Foundation. To meet its need for medical professionals, Saudi Arabia plans to have 27 medical schools training doctors within just a few years, an increase from the 21 operating today.

Laying the Foundations For PPPs

These opportunities notwithstanding, PPPs’ potential is limited by challenges in the institutional setup, the enabling environment, and the process for developing opportunities. GCC countries often lack the institutional framework to govern the development and promotion of PPPs. This includes the capabilities to govern PPPs, whether in terms of oversight or technical expertise. Important enabling factors also need to be introduced. For example, Saudi Arabia’s health sector regulations limit the ownership of outpatient clinics to Saudi doctors. Similarly, the UAE has not yet enacted a PPP law.

GCC governments also need more robust processes to identify and advertise PPP opportunities (see Exhibit 6). This requires a holistic understanding of healthcare needs, which clarifies how the public sector wishes to meet its future requirements. This informs private-sector providers and helps them to avoid poor decisions. For example, some private players wishing to establish healthcare businesses, whether alone or with the public sector, often secure land and initiate construction without first discovering whether the healthcare regulator even needs their services. To avoid such misunderstandings, the DHA now conducts industry soundings when looking into PPP feasibility and is mandated to provide assistance to potential investors and to collaborate with stakeholders.

Exhibit 6

PPPs Require Supporting Institutions, an Enabling Environment, and Clear Opportunities

Foundations Needed for PPPs

	Description
<p>1 Set Up the Institutional Framework</p>	<p>The institutional setup for attracting and retaining PPPs should be established through cross-sectoral bodies such as:</p> <ul style="list-style-type: none"> - PPP management offices - Investment promotion entities
<p>2 Create a PPP Enabling Environment</p>	<p>Governments should create an environment that is conducive to the initiation and execution of PPPs through three main areas:</p> <ul style="list-style-type: none"> - Legal and Regulatory - Operational - Financial
<p>3 Develop the Opportunity Pipeline</p>	<p>A structured process should be followed for planning and executing PPPs in the healthcare sector that includes activities at the:</p> <ul style="list-style-type: none"> - System level - Opportunity level

Source: Booz & Company

Set Up the Institutional Framework

Governments can address these problems through capabilities that ensure optimal governance of PPPs. In addition to the existing healthcare regulator, governments need highly trained cross-sectoral PPP management offices and investment promotion entities that can initiate, execute, and supervise PPPs. Kuwait has established the Partnerships Technical Bureau (PTB) as the main body responsible for implementing PPP projects. The PTB aims to use private-sector skills and expertise to maximize value for money and service quality.

Such PPP management offices can also ensure that private players deliver on the agreed terms. They can act as a sounding board for private-sector partners encountering implementation problems. The management office can also ensure that the public entities involved in the PPP deliver the correct support to the private players. Investment promotion entities are essential to attract private investors to GCC markets. With this aim in mind, Saudi Arabia has established the Saudi Arabian General Investment Authority as a gateway for investors seeking to enter the country.

Create a PPP Enabling Environment

Governments need to focus on three areas to create a favorable environment for PPPs in healthcare. These are the legal and regulatory, the operational, and the financial. Governments should adopt the necessary laws and regulations to attract private investors through PPPs. Some of the legal aspects of PPPs, such as the eventual reversion of assets to the public sector at the end of a

project, are complex and represent uncharted territory in the GCC. In this regard, Dubai is drafting a PPP law that will specifically cover the healthcare sector.

Operationally, GCC healthcare entities will need to decide where to place their efforts to clear the way for private entrants. Over the long term this means a separation between setting policies and delivering services. By concentrating their efforts on policies, standards, and regulations, governments can limit their role in service delivery to areas of social rather than commercial value. This division is neither neat nor achievable overnight. Governments will need, for example, to remain responsible for handling emergency preparedness and medical catastrophes, such as epidemics.

This change in the role of governments is important as it lays the groundwork for healthcare PPPs. It allows governments to hand commercial value services and facilities to the private sector. As important, it avoids the conflict of interest that arise when the public sector regulates itself as a provider and eliminates unhealthy competition between the public and private sectors.

In terms of financial enabling, governments have multiple approaches available to offer incentives to private players. Much depends on how the two sides wish to allocate risk. Governments can provide direct guarantees that allow the private sector to raise financing for projects. Similarly, governments can pledge minimum volumes of usage or revenues, guarantees to mitigate any damage to profits should

the anticipated level of demand not materialize. Governments may even choose to make low interest rate loans available. Saudi Arabia, for example, is offering up to SAR 200 million (\$53 million) of subsidized loans for private investors in healthcare. Alternatively, governments may wish to explicitly transfer risk to the shoulders of the private sector to ensure that the public purse does not accumulate long-term fiscal liabilities.

Develop the Opportunity Pipeline

Governments will need a structured process to plan and implement healthcare PPPs. This requires five phases, the first two of which are system-level, with the last three at the operational level (see Exhibit 7).

The first phase is in essence a system-level capacity plan that identifies current and future opportunities to fill gaps in healthcare coverage. The second system-level phase carves out a subset of these opportunities for the private sector based on the healthcare sector model. Communication with the private sector is an important part of this process, as it allows private entrants to learn of the opportunities and, as important, to understand the process for realizing them.

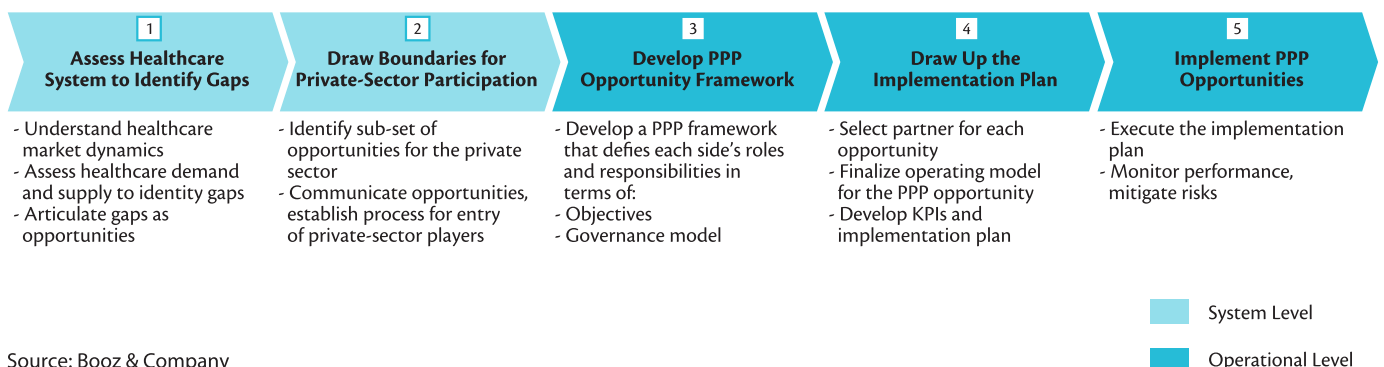
The process then moves to the operational level. The third phase develops a PPP framework. This defines at the beginning the objectives of the public-private collaboration and how achievement of these goals is monitored. The framework also chooses the governance model, which includes delineating the partners' roles and responsibilities and the performance management mechanisms. This phase is critical because it specifies what is expected from each partner.

The PPP can then move into the fourth and fifth phases of the process. These involve drawing up the implementation plan and then actually executing it. As PPPs are multiyear projects, the government's monitoring and oversight capabilities, as well as the necessary regulatory and legal measures, play a vital role in this final phase.

Exhibit 7

The PPP Pipeline Proceeds from the System to the Opportunity Level

Healthcare PPP Planning and Implementation Process



Source: Booz & Company



Conclusion

PPPs can help the GCC to alleviate the growing burden of healthcare spending. By determining the role of the public sector and PPP-appropriate opportunities, governments can clear away institutional obstacles, build their own capabilities, and encourage private-sector participation.

The task of making PPPs deliver healthcare that is accessible, high quality, and affordable does not, however, fall to governments alone. The private sector should not wait for governments to do all the foundation work for PPPs. Instead, the private sector can be proactive, conducting its own analyses, such as feasibility studies, and sharing market intelligence with the public sector. By feeding into the PPP process in this manner, the private sector can assist governments and so create opportunities for PPPs through a cooperative relationship based on trust.

Endnotes

1 The Gulf Cooperation Council consists of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates.

2 International Diabetes Federation. IDF Diabetes Atlas, 5th edn. Brussels, Belgium: International Diabetes Federation, 2011 (<http://www.idf.org/diabetesatlas>).

3 George Atalla, Karim Aly, and Mirian Itani, "Partnerships for Transformation: Using Public–Private Partnerships in the GCC," Booz & Company, 2012.

4 Peter C Smith, "Measuring Value for Money in Healthcare: Concepts and Tools," Center for Health Economics, University of York, September 2009 (http://www.fgcasal.org/aeets/Documentos/Measuringvalueformoney_CR E2009.pdf).



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